

## FOR BOARD OF HEALTH USE ONLY

Date Received	Date Inspected	Approved By	Permit # Issued
_____	_____	_____	_____

### Taunton Board of Health

#### Body Art Practitioner Application

**NOTE: Separate Practitioner Permits are issued for the following procedures:**

(Please check and pay for all that apply)

- ☐ Tattoo Practitioner \$100.00
- ☐ Other (☐ branding ☐ body piercing, ☐ scarification) \$100.00
- ☐ Apprentice (☐ tattoo ☐ body piercing) \$ 25.00

Check One:

☐ New Practitioner Permit (*must be submitted at least 45 days before planned start date*)

☐ Renewal Practitioner Permit (*must be submitted at least 30 days before the current permit expires*)

1) Applicant Name:
2) Applicant Date of Birth ( <i>minimum of 18 years of age</i> ):
3) Applicant Residence Address:
4) Applicant Mailing Address ( <i>if different</i> ):
5) Applicant Residence Telephone Number:
6) Name of Establishment where apprentice will be training
7) Name of practitioner the apprentice will be training under
8) Complete the following information for all places of employment as a practitioner: ( <i>include additional employment information, if any, on the following page</i> )
I. Establishment Name: Address: Telephone Number: Days/Hours:
II. Establishment Name: Address: Telephone Number: Days/Hours:
III. Establishment Name: Address: Telephone Number: Days/Hours:
IV. Establishment Name: Address: Telephone Number: Days/Hours:
7) Training ( <i>check all that apply</i> ): <b>Training required for both Tattoo Practitioners and Branding/Body Piercing/Scarification Practitioners:</b> ( <i>include documentation</i> ) <input type="radio"/> Bloodborne pathogen training program (or equivalent)

<p>Includes: infectious disease control; waste disposal; handwashing techniques; sterilization equipment operation and methods; and sanitization, disinfection and sterilization methods and techniques</p> <p><input type="radio"/> First Aid and cardiopulmonary resuscitation (CPR)</p> <p><b>Training required for a Tattoo Practitioner:</b> (include documentation)</p> <p><input type="radio"/> Course, Examination, or equivalent combination of training and experience on skin diseases, disorders and conditions, including diabetes</p> <p><b>Training required for a Branding/Body Piercing/Scarification Practitioner:</b> (include documentation)</p> <p><input type="radio"/> Course, Examination, or equivalent combination of training and experience on Anatomy</p> <p><i>Σ In reviewing an application for a Body Art Practitioner Permit, the Board may consider experience, training and/or certification acquired in other states that regulate tattooing. The Applicant may submit this information on a separate sheet entitled "Additional Experience/Training/Certification"</i></p>
<p>8) Name of General Liability Insurance Provider: <i>Σ Include evidence of general liability insurance of \$100,000</i></p>
<p>9) Body Art Practitioner Identification:</p> <p><input type="radio"/> State Drivers License #:</p> <p><input type="radio"/> State Identification Card #:</p>
<p>10) Have you ever been charged with a criminal offense in violation of the laws of the Commonwealth or of the United States? If so provide the date of the offense, the nature of the offense, and the disposition of the case.</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>

**\*Practitioner Permit(s) shall be valid from the date of issuance and shall automatically expire in one (1) year from the date of issuance unless suspended or revoked sooner by the Board**

<p><b>Total Permit Fee: \$ _____</b></p> <p><b>Payment is due with application</b></p> <p>Make checks payable to "City of Taunton"</p>
--

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that my practice will comply with the City of Taunton Board of Health Regulations for Body Art Establishments and the City of Taunton Board of Health Regulations for Tattoo Practitioners and Tattoo Establishments. I have received, read, and understand the requirements of the Board's Body Art and Tattoo Regulations. I agree to work only out of establishments that are in compliance with these regulations.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to MGL Ch. 62C, sec. 49A, I certify under penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid state taxes required under law.